

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **L12000030533**

1. Limited Liability Company's Name

Mold Detective, LLC.

15 MAY 22 AM 8:07

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
2108 Cypress Bend DR.
Suite, Apt. #, etc. **408**
City & State **Pompano Beach, FL.**
Zip **33069** Country **USA**

3. Mailing Office Address
2108 Cypress Bend DR.
Suite, Apt. #, etc. **408**
City & State **Pompano Beach, FL.**
Zip **33069** Country **USA**

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business in Florida
03/02/2012

6. FEI Number
45-4851411

7. CERTIFICATE OF STATUS DESIRED ☒ **\$5.00 Additional Fee required for a certificate of status**

8. Name and Address of Current Registered Agent

Name **Charles Galvagni**
Street Address (P.O. Box Number is Not Acceptable) Suite
2108 Cypress Bend DR.
Apt. #, Etc. **408**
City **Pompano Beach** State **FL** Zip Code **33069**

700272866507
05/28/15--01029--003 **42.50

700272866507
05/12/15--01038--012 **482.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent **[Signature]** Date **05/05/2015**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Charles Galvagni	2108 Cypress Bend DR. #408 Pompano Beach, FL 33069 US	Pompano Beach, FL 33069 US

11. E-mail Address **crgalvagni@yahoo.com**
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member **[Signature]** Date **5/5/2015** Daytime Phone # **954 918 6498**
Typed or printed name of signing authorized representative/member

K. ASHTON